

# CERTIFIED HEALTH EDUCATION SPECIALIST EVALUATION FORM

## Alaska Public Health Training Network

NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SESSION TITLE \_\_\_\_\_ VIEWING LOCATION \_\_\_\_\_

PRESENTER \_\_\_\_\_ DATE/TIME \_\_\_\_\_

What is the main point you took away from this learning experience?

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(Please circle number: 1=highest, 5=lowest, N/A=not applicable)

- |    |   |                                 |                           |                 |
|----|---|---------------------------------|---------------------------|-----------------|
| 1. | Was the information in this presentation relevant to your work situation? | <u>very relevant</u><br>1 2 3 4 | <u>not relevant</u><br>5  | <u>N/A</u><br>6 |
| 2. | Were the objectives of the presentation stated?                           | <u>completely</u><br>1 2 3 4    | <u>not at all</u><br>5    | <u>N/A</u><br>6 |
|    | Were the objectives achieved?   | 1 2 3 4                         | 5                         | 6               |
| 3. | Was the length of time adequate for learning?                             | <u>adequate</u><br>1 2 3 4      | <u>inadequate</u><br>5    | <u>N/A</u><br>6 |
| 4. | Did the presenter(s):   |                                 |                           |                 |
|    | Present the information in a clear and logical manner?                    | <u>very well</u><br>1 2 3 4     | <u>could improve</u><br>5 | <u>N/A</u><br>6 |
|    | Encourage questions?  | <u>very well</u><br>1 2 3 4     | <u>could improve</u><br>5 | <u>N/A</u><br>6 |
|    | Provide appropriate answer to question?                                   | <u>very well</u><br>1 2 3 4     | <u>could improve</u><br>5 | <u>N/A</u><br>6 |
| 5. | Did the individuals contribute to the presentations?                      | <u>a great deal</u><br>1 2 3 4  | <u>not at all</u><br>5    | <u>N/A</u><br>6 |
| 6. | How would you rate the educational value of the presentation?             | <u>excellent</u><br>1 2 3 4     | <u>poor</u><br>5          |                 |
| 7. | What changes, if any, would you suggest?                                  |                                 |                           |                 |

EVENT # \_\_\_\_\_ VERIFICATION CODE \_\_\_\_\_ CHES # \_\_\_\_\_

Alaska Health Education Consortium, NCHEC # AK0026

Send a copy of this form with your payment (a check payable to AHEC) to:

\*Continuing Education Contact Hours

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907-269-8994 or 888-269-8990

**Fee Schedule:**

**\$1 per contact hour for AHEC CHES members**

**\$3 per contact hour for CHES who are not AHEC members.**

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